

# TOWN OF DAVIE

## TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmembers

**FROM/PHONE:** John A. George (954) 693-8320

**PREPARED BY:** Angela Rodgers (954) 693-8320

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** TOWN WIDE

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF LAW ENFORCEMENT TRUST FUNDS NOT TO EXCEED \$14,000.00 FOR THE PURCHASE OF NEW FIREARMS FROM SIGARMS TO REPLACE OBSOLETE EQUIPMENT AND REPLACE WITH NEW ADVANCED EQUIPMENT FOR THE TOWN OF DAVIE POLICE DEPARTMENT.

**REPORT IN BRIEF:** The Town of Davie Police Department is requesting approval from Town Council to replace 40 obsolete firearms from the Department's inventory and replace them with 40 new advanced firearms. The Davie Police Department solicited SigArms, manufacturer of the Sig Sauers, directly to reduce our cost for the equipment by 35%. SigArms has also offered the town a trade-in for the obsolete equipment to be credited toward the purchase to further reduce the cost of the new equipment. Trade-in is an approved method of disposal of Town property as identified in the Town Code. The cost for the equipment (including trade-in credit) totaled \$12,840.00 and the Police Department is requesting the Town Council to authorize up to \$14,000.00 to cover fees associated with shipping and handling.

**PREVIOUS ACTIONS:** N/A

**CONCURRENCES:** N/A

**FISCAL IMPACT:** Yes

Has request been budgeted? No

|   |                                     |
|---|-------------------------------------|
| If no, expected cost:                         | \$12,840.00 plus shipping costs     |
| What account will funds be appropriated from: | Law Enforcement Trust Funds Account |
|   | 001-0520-521-0317                   |

**RECOMMENDATION(S):** Motion to approve Resolution

**Attachment(s):** Resolution, Sigarms Quote, Sole Source Letter, Department Memo  
Bidder/Vendor Disclosure Form/W-9

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF LAW ENFORCEMENT TRUST FUNDS NOT TO EXCEED \$14,000.00 FOR THE PURCHASE OF NEW FIREARMS FROM SIGARMS TO REPLACE OBSOLETE EQUIPMENT AND REPLACE WITH NEW ADVANCED EQUIPMENT FOR THE TOWN OF DAVIE POLICE DEPARTMENT.

WHEREAS, the Town of Davie Police Department wishes to replace 40 obsolete Sig Sauer firearms and magazines and replace them with 40 new advanced Sig Sauer firearms and corresponding magazines; and

WHEREAS, the Town solicited sole source vendor SigArms, manufacturer of Sig Sauers as a sole source vendor, directly to save an estimated cost of 35%; and

WHEREAS, SigArms offered a trade-in credit for the old and obsolete equipment; and

WHEREAS, the Town Council wishes to approve the expenditure of Law Enforcement Trust Funds not to exceed \$14,000.00 for the purchase of 40 Sig Sauers and magazines.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby approves to use vendor SigArms for the supply of firearms and corresponding magazines in the amount of \$12,840.00 plus shipping costs.

SECTION 2. The Town Council hereby authorizes the expenditure from Law Enforcement Trust Funds Account 001-0520-521-0317, not to exceed \$14,000.00, for the purchase of 40 Sig Sauer firearms and the corresponding magazines from SigArms.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007



18 Industrial Drive  
Corporate Park  
Exeter, NH 03833  
(603) 319-4705 Office  
(603) 772-1481 FAX

## QUOTATION

TO: Davie Police Department  
1230 S. Nob Hill RD, Davie, FL 33324  
Attn: LT Wayne Boulter  
Phone: (954) 693-8200  
FAX: (954) 693-8399  
Email: [wayne\\_boulter@davie-fl.gov](mailto:wayne_boulter@davie-fl.gov)

| Item | Qty       | Description   | Price    | Extension   |
|------|-----------|---|----------|-------------|
| 1    | 40 (+/-)  | SIG Model 220R pistols, .45 caliber, with Night sights, three magazines, storage Case, gun lock, instruction manual, integral Rails and DA/SA trigger action.<br><br>MODEL: 220R-45-BSS-G | \$599.00 | \$23,960.00 |
| 2    | 300 (+/-) | 220 Magazines, (7) round,<br><br>Item #: 34221702   | \$ 20.80 | \$6,240.00  |

## LESS TRADE

|        |          |   |            |             |
|--------|----------|---|------------|-------------|
| 3      | 40 (+/-) | SIG 220, contrast sights, DA/SA trigger Action, NO Magazines. | \$(434.00) | (17,360.00) |
| TOTAL: |          |   |            | \$12,840.00 |

Delivery: 30-60 Days, ARO  
Terms: Net 30 Days – No further discounts.

**Trades:** The agency understands trade-in firearms, if any, must be in working condition. Defective, non-working firearms or firearms with missing parts, including sights, will incur a 50% decrease in the quoted value. The agency agrees to forward trades to SIGARMS or the named Distributor, at its expense, within sixty (60) days of receipt of the new product. The agency further understands SIGARMS or the Distributor will resell traded weapons in full compliance with federal, state and local laws.

Eve E. Eisenbise, Regional Manager, LE Sales  
(603) 319-4705 or (239) 223-4604

SIGARMS is an ISO 9001 : 2000 Certified Company Manufacturing in Exeter, NH.

SIGARMS Inc. • 18 Industrial Drive • Exeter, New Hampshire 03833 USA • Tel. (603) 772-2302 • Fax (603) 772-1481

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August 18, 2006

Davie Police Department  
Attn: Lori Lysfjord, Budget & Finance Dept.  
1230 S. Nob Hill RD  
Davie, FL 33324

Dear Ms. Lysfjord,

SIGARMS, Inc. is the sole importer and manufacturer of SIG SAUER pistols in North America. The specified pistol qualifies under the "Buy America Act", as a majority of the manufacturing, including producing the stainless steel slide, is done in Exeter, New Hampshire.

SIGARMS respectfully makes this offer in a direct manner, without additional charges or compensation for or to third party distributors. Additionally, we agree to accept the trade-in pistols and to legally resell them through our network of federally licensed firearms dealers.

**For additional Agency Sales information or further information on quote number 06-EE-33324-01 to Davie Police Department, Davie, Florida, please feel free to contact me directly at the number or email below.**

**We thank you for your past business and look forward to continuing to supply the world's finest law enforcement weapons.**

Sincerely,

Eve E. Eisenbise  
Law Enforcement Sales  
Regional Manager  
(603) 319-4705

Eve.Eisenbise@sigarms.com

SIGARMS Inc. • 18 Industrial Drive • Exeter, New Hampshire 03833 USA • Tel. (603) 772-2302 • Fax (603) 772-1481

**Town of Davie  
Vendor/Bidder Disclosure**

I, Eric Cook, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: SIGARMS, Inc.  
Address: 18 Industrial Drive  
Exeter, NH 03833  
FEIN 02-0528156  
State and date of incorporation DE 09/05/00

**OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

| Full Legal Name         | Address | Ownership |
|-------------------------|---------|-----------|
| Please see attachment A |         | %         |
|                         |         | %         |
|                         |         | %         |
|                         |         | %         |

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

Eve Eisenbise 18 Industrial Drive Exeter, NH 03833 Regional Sales Manager

By: 

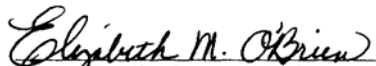
Signature of Affiant

Date: 10/23/06

Eric D. Cook

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 23rd day of October 2006, by Eric Cook, he/she is personally known to me or ~~has presented~~ as identification.

  
Notary Public, State of ~~Florida at Large~~  
New Hampshire

Print or Stamp of Notary

Serial Number

My Commission Expires : \_\_\_\_\_

ELIZABETH M. O'BRIEN, Notary Public  
My Commission Expires July 14, 2009

Attachment A  
**Sigarms Inc. Owners, Officers, and Responsible Persons October 2006**

Sigarms Inc.  
 18 Industrial Drive  
 Exeter NH 03833  
 603-772-2302  
 eric.cook@sigarms.com

FFL #s  
 6-02-015-07-9L-00844  
 6-02-015-08-9L-00845

EIN:  
 02-0528156

| Name & Address  | Title           | Date of Birth | SSN         | Citizenship | Place of Birth | Responsible Person? |
|---|-----------------|---------------|-------------|-------------|----------------|---------------------|
| Herbert Max Rudolf<br>24450 Woodsage Drive<br>Bonita Springs FL 34134<br>239-498-1825 | Chairman        | 10/6/1940     | 087-44-0703 | German      | Germany        | Yes                 |
| Ron Judah Cohen<br>3 Warwick Circle<br>Andover MA 01810<br>978-475-0145               | President/CEO   | 10/25/1961    | 064-76-1193 | USA         | San Francisco  | Yes                 |
| Timothy Edward Scullin<br>34 Grafton Drive<br>Bedford NH 03110<br>603-472-5628        | CFO             | 2/18/1959     | 034-52-9696 | USA         | Pawtucket RI   | Yes                 |
| Peter Michael Kujawski<br>140 Powder Hill Road<br>Bedford NH 03110<br>603-471-6001    | VP              | 2/11/1957     | 033-50-8077 | USA         | Webster MA     | Yes                 |
| Eric Donald Cook<br>420 Grant Ave<br>Portsmouth NH 03801<br>603-430-7367              | General Counsel | 12/28/1960    | 003-58-4296 | USA         | Exeter NH      | Yes                 |
| Matthias Gerstung<br>Hollefeldstrasse 46<br>48282 Emsdetten<br>Germany                | Treasurer       |               | NA          | German      | Germany        | No                  |
| Michael Leuke<br>Rilkestrasse 3<br>Emsdetten Germany                                  | Owner           | 12/16/1955    | NA          | German      | Germany        | No                  |
| Thomas Ortmeier<br>Dahlenweg 20<br>Emsdetten Germany<br>~0897515                      | Owner           | 2/1/1959      | NA          | German      | Germany        | No                  |

|  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
|--|---|--|------------------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|
| <b>W-9</b><br>Form<br>(Rev. January 2003)<br>Department of the Treasury<br>Internal Revenue Service  | <b>Request for Taxpayer<br/>Identification Number and Certification</b>   | Give form to the<br>requester. Do not<br>send to the IRS.  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| Print or type<br>See Specific Instructions on page 2   | Name<br><b>SIGARMS, Inc.</b><br>Business name, if different from above  |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
|  | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
|  | Address (number, street, and apt. or suite no.)<br><b>18 Industrial Drive</b><br>City, state, and ZIP code<br><b>Exeter, NH 03833</b><br>List account number(s) here (optional)                 | Exempt from backup withholding <input type="checkbox"/><br>Requester's name and address (optional) |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Part I Taxpayer Identification Number (TIN)</b>   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 3.<br>Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 10%;">0</td><td style="width: 10%;">2</td><td style="width: 10%;">0</td><td style="width: 10%;">5</td><td style="width: 10%;">2</td><td style="width: 10%;">8</td><td style="width: 10%;">1</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td> </tr> </table>   |   |  | Social security number |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  | or |  |  |  |  |  |  |  |  | Employer identification number |  |  |  |  |  |  |  |  | 0 | 2 | 0 | 5 | 2 | 8 | 1 | 5 | 6 |
| Social security number   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
|  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| or   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| Employer identification number   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| 0  | 2   | 0  | 5                      | 2 | 8 | 1 | 5 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Part II Certification</b>   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| Under penalties of perjury, I certify that:  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and<br>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and<br>3. I am a U.S. person (including a U.S. resident alien).  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Sign Here</b>   | Signature of U.S. person <i>Elyse M. Rubin</i>  | Date <i>11/08/06</i>   |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Purpose of Form</b>   |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.<br><b>U.S. person.</b> Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:<br>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),<br>or<br>2. Certify that you are not subject to backup withholding.<br>3. Claim exemption from backup withholding if you are a U.S. exempt payee.<br><b>Note:</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.<br><b>Foreign person.</b> If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).  |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
| <b>Nonresident alien who becomes a resident alien.</b><br>Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.<br>If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:<br>1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.<br>2. The treaty article addressing the income.<br>3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.<br>4. The type and amount of income that qualifies for the exemption from tax.<br>5. Sufficient facts to justify the exemption from tax under the terms of the treaty article. |   |  |                        |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |





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By Business Name  
By Business ID  
By Registered Agent  
Annual Report  
File Online

Date: 2/5/2007

### Filed Documents

(Annual Report History, View Images, etc.)

**For a blank Annual Registration Report, click here.**

### Business Name History

| Name                        | Name Type       |
|-----------------------------|-----------------|
| Sigarms Inc.                | Legal           |
| Sigarms Inc.                | Home State      |
| 18 Industrial Drive         | Prev Legal      |
| INDUSTRIAL REAL ESTATE INC. | Prev Home State |

### Corporation - Foreign - Information

|                                |  |
|--------------------------------|--|
| Business ID:                   | 432881                                 |
| Status:                        | Good Standing                          |
| Entity Creation Date:          | 5/6/2003                               |
| State of Business.:            | DE                                     |
| Principal Office Address:      | 18 INDUSTRIAL DRIVE<br>EXETER NH 03833 |
| Principal Mailing Address:     | 18 INDUSTRIAL DRIVE<br>EXETER NH 03833 |
| Expiration Date:               | Perpetual                              |
| Last Annual Report Filed Date: | 3/31/2006                              |
| Last Annual Report Filed:      | 2006                                   |

### Registered Agent

|                  |                                      |
|------------------|--------------------------------------|
| Agent Name:      | C T CORPORATION SYSTEM               |
| Office Address:  | 9 CAPITOL STREET<br>CONCORD NH 03301 |
| Mailing Address: |                                      |

☐ **File Annual Report Online.**

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